

Psychological Treatments to Avoid

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Abstract

Certain psychological treatments should be avoided, and a list of such treatments would provide valuable guidance for counselors, as well as potential clients. It is well established that some therapies are potentially dangerous, and some fringe therapies are highly unlikely to help clients beyond a placebo effect. This article provides an overview of the need for lists of such treatments, cautions about such lists, and examples of lists of therapies that should be avoided because they are unsafe and/or highly unlikely to be effective.

Psychological Treatments to Avoid

One issue of interest to counselors and psychotherapists today is the proliferation of new, unproven therapies and a lack of regulation or guidance from professional bodies. Not all psychotherapies are equally safe and effective, and a list of treatments to avoid would help both psychotherapists and clients avoid possibly harmful therapies. It is relatively simple and easy for any counselor, social worker, or psychologist to create a new form of psychotherapy, practice it, and offer training workshops on it, even if there is little or no evidence of its safety or effectiveness. Creativity and innovation should be encouraged, but the creators of new therapies should be expected to conduct enough research to demonstrate the safety and effectiveness of the new approach. Prospective counseling and psychotherapy clients must often find themselves confused regarding how to select a practitioner or a therapy given the diverse array of types of counseling and psychotherapy available. The field of counseling should directly address the potential for harm, as well as benefit, that may result from counseling (Dimidjian & Hollon, 2010). It is in the best interest of both counselors and prospective clients to give a preference to well-supported therapies and avoid poorly supported and/or potentially dangerous therapies.

In recent years much effort has been expended to identify counseling and psychotherapy treatments and techniques that have empirical support for their efficacy. Lists of empirically supported treatments (ESTs) have been compiled and disseminated (e.g., Chambless & Ollendick, 2001). Of course there are many therapies that may be just as effective as the ESTs but which do not yet have sufficient research backing to be put on the lists of ESTs (Levant & Hasan, 2008). Despite the lists, counselors and psychologists are not required to use ESTs or evidence-based treatments, and some therapists question the assumption that psychological problems can be objectified and resolved by packaged treatments (Hunsberger, 2007). While listing ESTs is a worthwhile endeavor, they do not help therapists or clients who are trying to distinguish among all of the therapies *not* on the lists. In addition to lists of ESTs, it would also be helpful to have a list of therapies that are, at least for now, best avoided due to their lack of research support and/or their demonstrated or potential harmful effects.

Thought Field Therapy: A Popular, Poorly Supported Therapy

Thought Field Therapy (TFT) is an example of a therapy that has minimal support and yet has numerous practitioners and a thriving training business. TFT is so “outlandish” (Corsini, 2001, p. 689) that it appears to be “a hoax, concocted by some clever prankster to spoof ‘fringe’ therapies” (McNally, 2001, p. 1171). In a typical protocol to treat a phobia, clients are asked to tap various spots on their bodies in a specific sequence while humming a tune and thinking of the feared object (APA Monitor, 1999a). The inventor of TFT claims it works in five minutes, “eliminates most negative emotions,” and has “high success with any problem at any age” (Callahan, 1998, p. 71); he claims it works not only with humans but also with horses, dogs, and cats (Callahan, 2001). Even Callahan himself admits that TFT “certainly looks ridiculous” (Boodman, 2004, p. HE01).

Guadiano and Herbert (2000) reviewed the few studies on TFT and concluded that there is no evidence it does what it claims to do. McNally (2001) evaluated Callahan's assertions and concluded that TFT "lacks any credible theory or convincing data" (p. 1173). Herbert (quoted in Boodman, 2004) concluded that despite the claims, there is absolutely no scientific evidence for TFT. Nevertheless, Callahan has trained thousands of therapists, at least 17 of whom practice Callahan's Voice Technology method, which costs \$100,000 for a three-day training workshop (Callahan, 2009). One TFT practitioner (Patton, 2005) advertised a 90% success rate using TFT to treat almost all psychological problems by telephone, and charged \$2,500 for a five-hour treatment package. Callahan and other TFT practitioners have established successful commercial businesses, but there is no way for a prospective client to know whether the method is safe or effective. For most therapists, Callahan's anecdotes and small, uncontrolled studies simply do not provide convincing support for his therapeutic approach. Only controlled research could establish whether TFT has any effect beyond a placebo effect.

Thought Field Therapy has received much negative attention. First, the Federal Trade Commission (FTC) forced Roger Callahan, the creator of TFT, to stop making unsupported claims about the therapy, and fined him \$50,000 (Federal Trade Commission, 1998). Then the Arizona Board of Psychologist Examiners placed a psychologist on probation for practicing Thought Field Therapy (APA Monitor, 1999a). Finally, the Continuing Professional Education Committee of the American Psychological Association decided to no longer approve continuing education training in TFT (APA Monitor, 1999b). This provides a very rare example of a professional organization making a decision to withdraw support for a specific approach. Judging from the many advertisements for TFT and its imitators in current professional magazines and newsletters, these actions have done little to restrain the proliferation of TFT and other "energy therapies," and books and workshops teaching therapists how to supposedly manipulate invisible energy fields to resolve psychological disturbances continue to be published.

The Need to Identify Unsupported Treatments

One controversial psychotherapeutic technique has actually been outlawed in one state; rebirthing is prohibited in Colorado (Mercer, Sarner, Rosa, & Costa, 2003). Some psychologists have lost their licenses due to their practice of unusual and poorly supported therapies, and others have come close to being sent to prison (Thomason, 2005). An interesting historical example of a psychotherapy that it is illegal to practice is Wilhelm Reich's orgone box therapy, which was prohibited by federal health regulations (Cummings & Cummings, 2008).

Legislation has been proposed that would limit the use of some techniques by psychotherapists; "Fifteen state legislatures have enacted laws to protect consumers from experimental mental health practices" (Singer & Nievod, 2004, p. 177). Such efforts are often unsuccessful. For example, in Arizona in 1999 a piece of legislation called the Barden bill was proposed which would have required each therapist to present two refereed journal articles to each client before implementing each intervention in the psychotherapy process. Barden said "It is indeed shocking that many, if not most forms of psychotherapy currently offered to consumers are not supported by credible scientific evidence" (Barden, 1999, p.2). The bill would "limit psychotherapy to only those methods and techniques that have been scientifically substantiated by a minimum of two research studies that contain control groups" (Barden, 1999, p. 3). In her veto of the Barden bill, the Arizona governor said "there are no other illnesses for which a state sponsored committee outlines plans of acceptable medications, therapy or treatment" (Hofmann, 2000, p. 3). Arizona psychologists had fought the bill since it would have limited their choice of therapies, but the experience suggested that counselors and psychotherapists must consider the safety and effectiveness of psychotherapies and should avoid therapies far outside the mainstream of standard practice.

Lilienfeld (2007) suggested that until recently psychologists have paid little attention to identifying potentially harmful therapies, and this could result in harm to clients. His view is that it is actually more important to identify therapies that are potentially dangerous than to identify empirically supported therapies. It is probably easier to identify therapies that should be avoided than therapies that are safe and effective.

The professions of counseling and psychology have not always done a good job of policing themselves, and as a result people who participate in certain therapies have been harmed in various ways. According to Fox (1996), "Our discipline lacks effective measures for responding to irresponsible and outrageous public claims made by either clinicians or scientists (p. 780). The ethical principles of the American Psychological Association (2002) requires psychologists to avoid harming their clients, but the APA has not compiled a list of therapies that are potentially or actually harmful. One could infer that psychologists can practice any therapy they like, as long as they do not hurt their clients.

The Code of Ethics of the American Counseling Association (2005) states that counselors use procedures that are grounded in theory and/or have an empirical or scientific foundation, and that they should use practices based on rigorous research. The Rebirthing therapists who smothered Candace Newmaker did not intend to kill her, but their technique was inherently dangerous (Mercer, Sarner, Rosa, & Costa, 2002), and it was not based on rigorous research. Are there other therapies that are clearly so bizarre, unsupported, or dangerous that no one should practice them? Such a list would name therapies that are best avoided until research is available that demonstrates their safety and effectiveness. Such a list would also demonstrate to the public that psychotherapists value public safety more than the freedom to practice any approach that has been created.

It is well established that some clients are harmed by participating in certain types of counseling and psychotherapy (Mohr, 1995; Boisvert & Faust, 2003). Several prominent psychologists have described the dangers inherent in the practice of unvalidated treatments. Ronald E. Fox, a former president of the American Psychological Association, wrote that "a few charlatans (or quacks, to put it bluntly) are giving both our profession and our science a black eye" (Fox, 1996, p. 778); "new therapies are invented at the drop of a hat" and "unproved and unfounded theories are advanced as if they were legitimate" (p. 780). Cummings, another former president of the American Psychological Association, wrote that "We have too many charlatans and kooks" in psychology; "We know they are there, and we allow them to practice and potentially harm clients" (Cummings & O'Donohue, 2008, p. 184); "We need to get our house in order and enforce reasonable quality and evidential standards for the practice of psychology" (Cummings & O'Donohue, p. 184), and the APA should denounce "these deleterious interventions" (p. 304). Psychologists should define quality standards, note them in our ethical code, and "Infractions should be detected and adjudicated" (Cummings & O'Donohue, p. 185). Gaudiano (2003) wrote that unless they are grossly negligent, psychotherapists are given almost complete discretion as to what they do for clients. Others have also criticized the proliferation of pseudoscientific and unscientific psychotherapies, and the "almost anything goes" attitude among many psychotherapists (Lilienfeld, Fowler, Lohr, & Lynn, 2005).

One of the worst things about the proliferation of unsupported and fringe therapies is the damage they do to the reputation of counseling and psychotherapy as professions (Lilienfeld, 1998). Unless counselors, psychotherapists, professional organizations, and state licensing boards censure such therapies, the public will probably assume that they are safe, legitimate and effective. Conscientious counselors and psychotherapists have a responsibility to practice the highest quality therapies with the most evidence of their effectiveness. Likewise, professional organizations have a responsibility to educate the public regarding which therapies are well supported and which ones are unsupported or potentially unsafe and should be avoided.

Cautions Regarding Lists of Unsupported Therapies

Although some therapeutic approaches have clearly demonstrated that they can be dangerous, such as rebirthing, others are thought to be only potentially harmful. Eventually some of the currently unsupported therapies may be shown to be safe and effective. Psychotherapists should be open minded and willing to consider new approaches when their worth is demonstrated. However, those who use unsupported therapies have the burden of proof that they are safe and effective, and until such evidence is provided, they are probably best avoided.

Listing poorly supported therapies will always require difficult judgments, since there are many types of evidence. Many fringe therapies have only anecdotes or testimonials to attest to their worth, but others have case studies or small client satisfaction surveys. While randomized, controlled studies continue to be the gold standard for research in psychotherapy, many other designs can provide valuable information.

Some therapies should be avoided simply because they are beyond the accepted scope of practice of psychologists. For example, there may be some therapeutic value in acupuncture, homeopathy, or massage, but psychotherapists who practice such treatments as part of psychotherapy could be practicing outside the bounds of their competence, and beyond the scope of standard psychotherapy practice.

Lilienfeld (2007) defined treatments as potentially harmful if they have demonstrated harmful effects in clients or others; the harmful effects are enduring; and the harmful effects have been replicated by independent researchers. He pointed out that a treatment's absence from a list of potentially harmful treatments does not mean it is safe; it may simply not have been adequately investigated. New therapies, and new variations on older therapies, are constantly being created, and it would be a challenge for list-makers to keep up with them. Also, even a potentially harmful treatment probably does not harm all clients who participate in it. It is also important to note that lists of potentially harmful therapies should be considered provisional and subject to change as further research is conducted.

Lists of Treatments to Avoid

A survey of the professional literature found several books and articles that have listed or described psychotherapies that are unsupported, probably ineffective, and/or potentially harmful. This information is presented in Table 1. This is not a complete list; only the most authoritative sources in the psychological literature have been included here. Readers should consult the authors of the lists for more information and clarification regarding the reasons for why the authors listed specific treatments. It should be noted that a few therapies, such as EMDR, have been described as poorly supported by some writers and as well supported by others. Citations for sources are given beginning with the most recent.

Table 1

Psychotherapies That Are Unsupported, Probably Ineffective, And/Or Potentially Harmful

Cummings, N. A. & O'Donohue, W. T. (2008).
Rebirthing
Treatment for trauma induced by alien abduction
Jungian dream interpretation
The use of children's drawings to diagnose sexual abuse
Treatment of "depression" that is really just the blues and normal mood swings
Grief counseling when used as a blanket intervention after a crisis
Treatment of PTSD when applied to civilian situations instead of combat situations
Therapy to help patients recover memories of incest
Rebirthing (attachment) therapy
Eye Movement Desensitization and Reprocessing (EMDR)
Treatment for dissociative identity disorder
Psychoanalysis
Psychotherapy to assist clients with self-actualization
Crisis counseling
Mindfulness interventions
Meditation
Acceptance and Commitment Therapy

Commission for Scientific Medicine and Mental Health, (n.d.).
Untested herbal medicines
Homeopathy
Aromatherapy
Acupuncture
Therapeutic Touch
Prayer at a distance
Faith healing
Facilitated communication
Hypnotic age regression

Lilienfeld, S. O. (2007).

Provisional List of Potentially Harmful Therapies

Level I: Probably harmful for some individuals

Critical incident stress debriefing
Scared Straight interventions
Facilitated communication
Attachment therapy (e.g., rebirthing)
Recovered-memory techniques (e.g. hypnosis; guided imagery)
Therapy for dissociative identity disorder (DID) (multiple personality disorder)
Grief counseling for individuals with normal bereavement reactions
Expressive-experiential therapies (e.g. focused expressive psychotherapy; gestalt therapy; encounter groups)
Boot-camp interventions for conduct disorder
Drug Abuse and Resistance Education (DARE) programs
Level II: Possibly harmful for some individuals
Peer-group interventions for conduct disorder
Relaxation treatments for panic-prone patients (e. g, progressive relaxation; meditation)

Coelho, H. F. (2007).

Energy psychology therapies
Thought Field Therapy

Norcross, J. C., Koocher, G. & Garofalo, A. (2006).

Certainly discredited treatments:

Angel therapy
Use of pyramid structures
Orgone therapy
Crystal healing
Past lives therapy
Future lives therapy
Treatments for post-traumatic stress disorder caused by alien abduction
Rebirthing therapies
Color therapy
Primal Scream therapy
Thought Field Therapy
Aroma therapy

Probably discredited treatments:

Erhard Seminars Training (*est*)
Age-regression methods for adults who may have been sexually abused as children
Craniosacral therapy or treatment of anxiety and depression

Preventive intervention for “born criminals”
Sexual reorientation/reparative therapy for homosexuality
Holding therapy for reactive attachment disorder
Treatments for mental disorders resulting from Satanic ritual abuse
Healing touch (not massage therapy) for treatment of mental/behavioral disorders
Psychological treatments of schizophrenia based on the schizophrenogenic theory
Reparenting therapies for treatment of mental/behavioral disorders
Bettelheim model for treatment of childhood autism
Dolphin-assisted therapy for treatment of developmental disorders

Examples of possibly discredited treatments

Equine therapy for treatment of eating disorders
Neuro-Linguistic Programming
Psychosynthesis
Scared Straight programs
Emotional Freedom Technique
DARE programs
Rage reduction therapy for depression
Bioenergetic therapy
Insight-oriented psychotherapies for sex offenders
Catharsis/ventilation treatment for anger disorders
Marathon encounter groups
Acupuncture for the treatment of mental/behavioral disorders
Critical Incident Stress Debriefing for acute trauma
Psychosocial therapies for treatment of pedophilia
Neurofeedback for attention deficit hyperactivity disorder
Classical psychoanalysis for removal of Axis I symptoms
Eye Movement Desensitization and Reprocessing

Barrett, S., London, W., Baratz, R. & Kroger, M. (2006).

Auditory Integration Training
Doman-Delacato Treatment
Eye Movement Desensitization and Reprocessing (EMDR)
Facilitated Communication
Neural Organization Technique
Neuro Emotional Technique
Neurolinguistic Programming
Neurotherapy
Past-Life Therapy
Stimulation of false memories
“Energy therapies:” Thought Field Therapy, Emotional Freedom Technique, Tapas Accupressure Technique, Energy Diagnostic and Treatment Methods, Be Set Free Fast, Whole Life Healing

Lilienfeld, S. O., Fowler, K. A., Lohr, J. M., & Lynn, S. J. (2005).

Attachment therapies (e.g. rebirthing)
Critical Incident Stress Debriefing
Grief therapy for normal bereavement
Peer Group Interventions for conduct problems
Scared Straight programs for conduct problems
Recovered memory interventions
Dissociative Identity Disorder – Oriented Therapy
Facilitated Communication for infantile autism and developmental disabilities
Thought Field Therapy
Energy psychology
Eye Movement Desensitization and Reprocessing

Music therapy
Aromatherapy
Homeopathy
Breath work
Therapeutic Touch
Medical intuition
Body-centered psychotherapies
Suggestive methods to recover purported memories of child sexual abuse (such as hypnosis, guided imagery, dream interpretation, free association to childhood memories, journaling, interpretation of ambiguous symptoms, trance writing, and body work)
Most self-help and recovery books (e.g. *Courage to Heal*)
Purported self-help “experts” on television and radio (e.g. Tony Robbins)

Mercer, J., Sarner, L., Rosa, L., & Costa, G. (2003).
Attachment therapy
Rebirthing
Patterning
Compression therapy; some forms of holding therapy
Treatments using coercive restraint with children

Lohr, J. M., Hooke, W., Gist, R. & Tolin, D. F. (2003).
Eye Movement Desensitization and Reprocessing
Thought Field Therapy
Critical Incident Stress Debriefing

Singer, M. T. & Nievod, A. (2004).
Recovered memory therapy
Therapy for Satanic ritual abuse
Therapy for evil entities
Rebirthing and re-parenting therapy
Past life therapy
Some therapies for dissociative identity disorder
Thought Field Therapy
New Age therapies

Lilienfeld, S. O. (2002a).
Sleep-assisted learning techniques
Subliminal audiotapes
Hemispheric synchronization devices
Herbal remedies for enhancing memory or mood
Thought Field Therapy
Imago Relationship Therapy
Calligraphy therapy
Neurotherapy
Jungian sandplay therapy
Critical Incident Stress Debriefing
Rebirthing therapy
Suggestive techniques to recover purported memories of satanic abuse & alien abduction

Lilienfeld, S. O. (2002b).
Facilitated communication
Sensorimotor integration for autistic disorder
Neurofeedback (EEG biofeedback) for attention-deficit/hyperactivity disorder
Alcoholics Anonymous and Twelve-Step programs for other addictive problems

Eisner, D. A. (2000).
 Recovered memory therapy
 Thought Field Therapy
 Eye Movement Desensitization and Reprocessing (EMDR)
 Primal Scream therapy
 Neurolinguistic programming
 Rage reduction therapy
 Angel therapy
 Emotional Freedom Technique
 Silva method

Singer, M. & Lalich, J. (1996).
 Reparenting, and rebirthing
 Age regression therapy using hypnosis
 Past-life and future-life therapy
 Entities therapies
 Channeling
 Therapy for stress related to purported alien abduction
 Some forms of cathartic therapy (emotional ventilation)
 Primal Scream therapy; New Identity Process; Bio Scream Psychotherapy
 Neuro-Linguistic Programming
 Facilitated Communication
 Neural Organization Technique
 Eye Movement Desensitization and Reprocessing (EMDR)

Conclusion

Considerable energy has been devoted to identifying empirically supported treatments, and now attention needs to be directed to identifying treatments that are potentially harmful (Lilienfeld, 2007). Current research shows that some treatments are effective and others are harmful. Some therapies should probably be avoided unless and until they have at least a minimal amount of good research that establishes their safety and effectiveness. Although it will be challenging and controversial to establish a list of such therapies, many psychologists, such as those cited above, think the effort is worthwhile. Counselors and psychotherapists could use a list of treatments to avoid as well as already published lists of evidence-based treatments to help them select interventions to use with clients who have clearly defined disorders. Counselors have more leeway for selecting treatments if the client's disorder does not have an indicated treatment on the lists of evidence-based and empirically supported treatments. If considered carefully, lists of both empirically supported treatments and treatments to avoid can provide valuable guidance for counselors and psychologists (Castonguay, Boswell, Constantine, Goldfried, & Hill, 2010).

Support for the safety and efficacy of treatments to avoid may be established in the future, at which time the lists should be revised. Professional organizations such as the American Psychological Association and the American Counseling Association should not approve continuing education training in unsupported and potentially dangerous treatments, and should encourage counselors and therapists to avoid them until their safety and efficacy is established. Professional organizations should also establish practice guidelines that would help counselors select safe and effective treatments and avoid potentially unsafe and ineffective treatments.

This paper provides a tentative beginning to stimulate discussion on this topic. It should be emphasized that the intent of compiling lists of empirically supported and empirically unsupported treatments is not to limit the options of counselors, but rather to increase the likelihood that clients will receive safe and effective treatment. Currently, with very few exceptions, counselors can practice any psychotherapeutic treatment they like. Presumably counselors and psychotherapists who have their clients' well-being as their highest priority would approve the suggestion to avoid treatments that have not yet established their safety and effectiveness.

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